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PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

2

Application Number

10/764,766

Filing Date

01/26/2004

First Named Inventor

SCEARCE, Thomas R.

Art Unit

3754

Examiner Name

Attorney Docket Number

2826386.000001

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC		
Signature			
Printed name	W. EDWARD RAMAGE		
Date	September 22, 2004	Reg. No.	50,810

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	W. EDWARD RAMAGE	Date	September 22, 2004

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/764,766
Filing Date	01/26/2004
First Named Inventor	SCEARCE, Thomas R.
Art Unit	3754
Examiner Name	
Attorney Docket Number	2826386.000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

000044777

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

000044777

OR

<input type="checkbox"/> Firm or Individual Name				
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Address				
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	THOMAS R. SCEARCE		
Signature	<i>Thomas R. Seace</i>		
Date	9-13-04	Telephone	731 479 1106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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